PLACE OF BIRTH  1. County of	ARIZONA STATE BOAR	D OF HEALTH
District of	BUREAU OF VITAL STATISTICS	State Index No. 1
Town of Muanu -	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. 37/
or		Local Registrar No
City of Mianu		
	occurred in a hospital or institution, give its Na	StWard)  AME instead of street and number)
2. Full name of child Marra	Houa toja	If child is not yet named, make supplemental report, as directed
3. Sex of To be answered 4. Twin, to ONLY in event of plural births. 5. No., In o		10-3/-22 (Month, day, year)
8. FATHER Full name Europe &	ya 14. Full maiden and auch	a Holynin
9. Residence (Usual place of abode) If nonresident, give place and State	15. Residence (Usual place of abode) If nonresident, give place	Muaning and State arry
10. Color or race Mulf, 11. Age at last birthda	16. Color or race Mex 17.	Age at last birthday 2/ (Years)
12. Birthplace (city or place) (State or country)	18. Birthplace (city or place) (State or country)	moreuci Jugon
13. Occupation	19. Occupation	1 100
Nature of Industry	Nature of Industry	+ , VV .
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  (a) Born alive and now living the but now dead		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  I hereby certify that I attended the birth of this child, who wasat		
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	(Born alive on at illibern) (grature	I baleny ulla
Given name added from	511 10/31/22 10 PM	and by C. E. Irvan
431-/03/-185	Filed // (Q	ay J. Local Registrar.
Registrar.	/	County Registrar,